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<b>Application Number</b>	10/539,443
<b>Filing Date</b>	June 20, 2005
<b>First Named Inventor</b>	Anders Nykjaer
<b>Title</b>	MODULATION OF ACTIVITY OF NEUROTROPHINS
<b>Art Unit</b>	1649
<b>Examiner Name</b>	MacFarlane, Stacy Nee
<b>Attorney Docket Number</b>	0088562-033US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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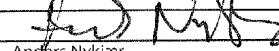
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	09/01/31
Name	Anders Nykjaer	Telephone	
Title and Company		; NeuronIcon ApS	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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